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**\*BIBDATASHEET\***

CONFIRMATION NO. 4832

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
08/308,219	09/19/1994	435	1637	3495.001020
RULE				

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 07/158,652 02/22/1988 which is a DIV of 06/771,248 08/30/1985 ABN  
This application 08/308,219  
is a CIP of 07/999,410 12/31/1992  
which is a CON of 07/499,210 03/19/1990 ABN  
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which is a CIP of 06/706,562 02/28/1985 ABN  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 84 16013 10/18/1984  
UNITED KINGDOM 84 29099 11/16/1984  
UNITED KINGDOM 83 24800 09/15/1983  
UNITED KINGDOM 84 23659 09/19/1984

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 12/18/2006**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged	Examiner's Signature _____ Initials _____	FRANCE	26	2	1
<b>ADDRESS</b> 22852					
<b>TITLE</b> DNA SEQUENCE OF THE LTR REGION OF HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (HIV-1)					
<b>FILING FEE RECEIVED</b> 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees			
		<input type="checkbox"/> 1.16 Fees ( Filing )			
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